

# National Disaster Medical System (NDMS)

## Member Information

Team:	Name (Last, First MI):	SSN:	<b>Male/Female</b> <i>circle one</i>
Home Phone #:		Home Phone #2:	Home Fax #:
Work Phone #:		Work Extension:	Work Fax #:
Pager #:	Pin #:	Pager Type (circle all applicable) <b>Numeric/Alpha-numeric/Voice</b>	If alpha-numeric, provide modem # to send electronic msg. or give name of service provider:
Cellular Phone #:		Other phone # and description:	Email Address:
Smoker or Non-Smoker (circle one) <i>For use in assigning hotel rooms.</i>		Place of Birth City and State:	
Do you have a passport?		If yes, provide the following:	
Yes or No (circle one)		Passport # <input style="width: 150px;" type="text"/>	Expiration Date <input style="width: 100px;" type="text"/>
#1 – Home commercial Airport choice:		Distance from your home to airport in miles and time:	
#2 – Home commercial Airport choice:		Distance from your home to airport in miles and time:	
Do you have one or more medical specialties? Yes or No (circle one) If yes, please list all specialties and indicate if you are <b>Board Certified, Board Eligible, or Neither.</b>			
Do you have Hazmat Training?		If yes, check training level.	
Yes or No (circle one)		<input type="checkbox"/> Awareness <input type="checkbox"/> Operations <input type="checkbox"/> Technician <input type="checkbox"/> Specialist <input type="checkbox"/> Incident Command	
Do you have a valid Drivers License?		If you have a Commercial Drivers License, please list the following:	
If yes, please provide # <input style="width: 150px;" type="text"/> State <input style="width: 50px;" type="text"/> Expiration Date <input style="width: 100px;" type="text"/>		<b>Class</b> <input style="width: 150px;" type="text"/>	
		<b>Endorsement Codes</b>	
#1 – Emergency Contact Name:	Relationship:	Work Phone #:	
		Home Phone #:	
#2 – Emergency Contact Name:	Relationship:	Work Phone #:	
		Home Phone #:	
Blood Type:		Religion:	